Exhibit D

18-23538-shl Doc 4883-5 Filed 08/19/19 Entered 08/19/19 13:28:56 Certificate of Insurance Pg 2 of 2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

B R	ELO EPR	W. THIS CERTIF	FICATE OF INS PRODUCER, AN	URA ID TI	NCE 1E CE	DOES NOT CONSTITUTERTIFICATE HOLDER.	EAC	CONTRACT	BETWEEN T	HE ISSUING INSURER(S), Al	JTHORIZED
IN If	1POI	RTANT: If the cer	tificate holder i	s an	ADD	ITIONAL INSURED, the p	e polic	cv, certain po	olicies may r	IAL INSURED provisions require an endorsement	s or b	e endorsed. atement on
this certificate does not confer rights to the certificate holder in lieu of s PRODUCER Nahai Insurance Services, Inc. 465 S. Beverly Drive, #200 Beverly Hills, CA 90212							CONTACT Bijan Nahai					
							PHONE (A/C, No, Ext): 310-282-0900 FAX (A/C, No): 310-282-0976 E-MAIL ADDRESS:					
	n Na						INSURER(S) AFFORDING COVERAGE					NAIC#
							INSURER A: Ohio Casualty Insurance Co INSURER B: Allied World Insurance Company					24074
INSURED Shason Inc.							INSURER B : Allied World Insura			ance Company		
5525 S. Soto St Vernon, CA 90058							INSURER C:					
								INSURER E:				
							INSURER F:					
TI IN C	IS I	ATED. NOTWITHST IFICATE MAY BE IS	T THE POLICIES ANDING ANY RE	OF I	NSUF REMEI	NUMBER: NANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO	J 10	WHICH INIS
INSR LTR					SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	1,000,000
Α	X	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		X		BKO56610094		07/23/2019	07/23/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
										MED EXP (Any one person)	\$	15,000 1,000,000
			***************************************							PERSONAL & ADV INJURY	\$	2,000,000
	GEI	N'L AGGREGATE LIMIT A POLICY PRO- JECT	APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:									\$	
	AU	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO	J schedilled							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	1,7										\$	1,000,000
В	Х	UMBRELLA LIAB EXCESS LIAB	X OCCUR CLAIMS-MADE			03115248117042		07/23/2019	07/23/2020	AGGREGATE	\$	1,000,000
	-	DED X RETENTION	40000			00110240111042				AGGREGATE	\$	
	WOI	RKERS COMPENSATION EMPLOYERS' LIABILIT	\ \							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE		
	DÉS	CRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLICY LIMIT	\$	
			·····					<u> </u>				
						101, Additional Remarks Schedu		e attached If mor	e space is requir	ed)		
cer aris	ntii ing	out of Named Ir	idiord as addi isured's opera	unai atior	ınsı ıs.	ued with respects liab	mily					
OFFITING ATT HOLDER							CANCELLATION					
CERTIFICATE HOLDER							CANCELLATION					
51st Street Fruitland Ave.LLC a California limited liability Vernon/Sears Assignment Vernon, CA							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
							AUTHORIZED REPRESENTATIVE					